

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 589902

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		8		1		
5	1		1			
6	1					
7		1				
8		22				
9		22				
10		22				
11		10				
12		10				
13		6				
14		6				
15		13				
16		6				
17		6				
18		10				
19		6				
20		6				
21		6				
22	1		1			
23	1		1			
24		2		1		
25	1		1			
26		1		1		
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS		27	26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						